

# Eliminate Filariasis: Attack poverty

The Global Alliance to Eliminate Lymphatic Filariasis  
Proceedings of the First Meeting

Santiago de Compostela, Spain  
4–5 May 2000



A GreenLight from the Global  
Alliance



World Health Organization, Geneva, 2000

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Report prepared by the  
Department of Communicable Diseases Control,  
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its appreciation to the partners that supported this meeting:  
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**Cover Picture:** photograph of Hostal de los Reyes Católicos, Santiago de Compostela, Spain.

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# List of Acronyms

|           |   |
|-----------|---|
| ADL       | Acute adenolymphangitis   |
| APOC/OCPP | African Programme for Onchocerciasis Control/Onchoceciaisis Control Programme.  |
| CDC       | US Centers for Disease Control and Prevention   |
| CEE       | Control, Eradication and Elimination  |
| CFF       | confirmed filariasis free   |
| DEC       | Diethylcarbamazine (one of the drugs used against lymphatic filariasis)   |
| DFID      | Department for International Development, United Kingdom  |
| DOH       | Department of Health  |
| HDI       | Health and Development International  |
| ICT       | immunochromatographic test  |
| IEC       | information, education, communication   |
| IMA       | Interchurch Medical Association   |
| LCS       | large country strategy for elimination of filariasis (countries with populations greater than 500 000)  |
| LF        | lymphatic filariasis  |
| MDP       | Mectizan® Donation Program (which oversees the donation of Mectizan® (ivermectin) for use in onchocerciasis and lymphatic filariasis programmes on behalf of Merck & Co., Inc.) |
| MML       | Misima Mines Ltd.   |
| MoH       | (national) ministry of health   |
| NFCP      | National Filariasis Control Programme   |
| NGDO      | Non-governmental development organization   |
| PacELF    | Pacific Countries Elimination of Lymphatic Filariasis   |
| PHC       | primary health care   |
| PIS       | Pacific Island strategy for elimination of filariasis (countries with populations less than 500 000)  |
| SB        | SmithKline Beecham, plc. (the pharmaceutical company donating albendazole for use towards the elimination of lymphatic filariasis)  |
| SPC       | Pacific Commission  |
| TCC       | Technical Coordination Committee  |
| TDR       | Tropical Disease Research   |
| UN        | United Nations  |
| UNDP      | United Nations Development Programme  |
| UNFPA     | United Nations Population Fund  |
| UNICEF    | United Nations Children's Fund  |
| WHO       | World Health Organization   |

# Message from the Director-General

The world has committed to halving the number of people living in poverty by 2015. To succeed, we must strengthen our focus on how health actions can help reduce poverty. Bad health is an important factor in keeping people locked in poverty. But health is, at the same time, part of the solution – a new and potentially powerful exit route out of poverty. The elimination of lymphatic filariasis is one good example.

Of all the partners in the Global Alliance, none can eliminate lymphatic filariasis on its own. When we met in October 1999 in Geneva at WHO for the dedication of the onchocerciasis statue, many recalled the difficult times experienced in setting up the onchocerciasis partnership. I am confident, however, that in the LF Global Alliance each organization has a special strength and each has a special role. We complement each other and that is the basis for a sound partnership. Together we will succeed.

The tasks ahead are clear: the programmes in the countries will be integrated with other disease control activities of the Ministries of Health. For example, the lymphatic filariasis elimination programme may be joined with leprosy activities in some countries. It may be joined with intestinal parasite control in others. And it may be joined with onchocerciasis activities in yet others. Millions of people will need medication to interrupt transmission of the disease; and millions more, already infected, will need help to alleviate their pain and suffering.

By focusing our activities on the most essential and the most effective interventions, we can reach our common goal of interrupting transmission. At the same time we will make a large and most immediate impact on poverty.

In 1998, SmithKline Beecham agreed to donate its drug albendazole free-of-charge until the disease is eliminated. This is likely to be a donation of between 4-6 billion tablets over a 20-year period. Merck & Co., Inc. also pledged to expand its Mectizan® Donation Program for onchocerciasis to cover the treatment of lymphatic filariasis in all areas where the two diseases occur together.

Some people have suggested that Industry-WHO partnerships such as these represent a conflict of interest. On the contrary, we believe such collaboration, which provides drugs for periods long enough to reach the target, are an exemplary commitment to public health in the 21st century.

There are several other contributors. The Arab Fund for Economic and Social Development was among the first. The Governments of Belgium, Italy, Japan, the Netherlands, Spain, and the United Kingdom are now generous supporters of the global programme. We are working to widen these partnerships further.

For the commitment of these partners, and to all the equally important organizations that have committed their technical skills to this cause, I would like to express my sincere gratitude. The Global Alliance has the will to eliminate lymphatic filariasis and we all know the way. Let us focus on the highest priority actions for elimination and we will surely make an impact on the lives of the poorest.

*Dr Gro Harlem Brundtland  
Director-General  
World Health Organization*

# Executive Summary

## Green Light for the Global Alliance to Eliminate Filariasis, Attack Poverty

By all accounts, the first meeting of the Global Alliance to Eliminate Lymphatic Filariasis convened in Santiago de Compostela, Spain on 4-5 May 2000, was a success. It more than fulfilled its stated goals to review progress in the 18 months since the previous Partners' Meeting in October 1998, to strengthen the existing Alliance, to seek creative ways to stimulate financial and other support in order to "reach the first 200 million people at risk by the end of 2004."

Overall, more than 25 presentations were made to some 70 participants at the meeting (see list of participants in the Annex). Following the welcoming ceremony and completion of organizational matters, a global overview of the disease and its links to poverty was presented, followed by reports and recommendations from the first meeting of the Technical Advisory Group on the Global Elimination of Lymphatic Filariasis (2-3 May 2000) and the Programme Review Group.

In phase two of the meeting, regional and country presentations were made by 11 delegates, reviewing progress and contributions made to LF elimination among people in affected areas through mapping, strategic research and the development of new cost-effective interventions. The importance of interruption of transmission and alleviation of suffering were repeatedly stressed, as was the need for mapping and programme integration. It was recognized that no one agency could achieve success alone but that partnerships were imperative, as were the development of advocacy and resource mobilization campaigns. This session concluded with a "Targeting LF" video produced by SmithKline Beecham.

Phase three featured interactive dialogue as participants divided into six working groups to discuss strategic issues on themes ranging from 1) communication and information to 2) creative support and funding to 3) the role of NGOs to 4) effective country action to 5) critical elements for successful LF programmes to 6) maximizing regional coordination. The final day was devoted to presentation and discussion of the informal recommendations of each of the discussion groups.

The meeting concluded with closing statements by the major partners: SmithKline Beecham, Merck & Co., Inc., the World Bank, the NGO spokesperson, WHO, the meeting Rapporteur, and the chairperson. The upshot was that "an enormous amount of activity" had occurred in the short space of the last two years to position the new Global Alliance favourably for success in reaching its goal of eliminating lymphatic filariasis as a public health problem by the year 2020. Participants were agreed that this meeting, too, had been a success and that the strengthening of partnerships between the public, private and non-profit sectors was crucial to this endeavour. There were two press conferences and favourable media coverage, especially in

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